

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.:	To Be Assigned	Art Unit:	To Be Assigned
Applicant:	Pascal Paganon	Examiner:	To Be Assigned
Filed:	Herewith	Confirm. No.:	To Be Assigned
Title:	MEDICAL DEVICE FOR EXPLANTATION	Docket No.:	080350-1220

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Before calculation of any claim fees, please enter the following *Amendments to the Claims* (starting on p. 3 of this document). Also, please enter the *Amendments to the Specification* (starting on p. 2 of this document) and the *Amendments to the Drawings* (starting on p. 9 of this document). Favorable consideration of the present application and pending claims, as amended, is respectfully requested.

AUTHORIZATION TO DEBIT ACCOUNT

It is believed that no extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.